



New York City Regional Addiction Resource Center
Mini-Grant Application
Community Awareness Projects

Application Date: _____

Organization Name: _____

Organization Website: _____

Proposed Project Contact Person Name: _____

Proposed Project Contact Person Title: _____

Proposed Project Contact Person Email: _____

Proposed Project Contact Person Phone: _____

Applying for a Mini-Grant for:

___ Educational Presentations/Community Forum/Workshop

___ Environmental Strategies Program

___ Media Messaging

___ Printing & Distribution of Informational Brochures or Informational Cards

The Proposed Project will represent the following areas: *(please check all that apply)*.

___ Harm Reduction

___ Prevention

___ Treatment

___ Outreach

___ Recovery

___ Other: _____

Amount Requesting: \$ _____ (Maximum amount \$1,000).

Proposed Project Title: _____

Proposed Project Location: _____

Proposed Project Date & Time: _____

Please describe the mini-grant project that you are requesting: *(if needed, please attach an additional sheet)*.

Objectives of the proposed project: *(if needed, please attach an additional sheet).*

The Proposed Project Target Market(s): _____

****If awarded a grant the New York City Regional Addiction Resource Center requires acknowledgement on any and all promotional and social media material****

How else can the NYC Regional Addiction Resource Center be involved? (*COVID-19 requires virtual considerations at this time).

Budget Summary: *(if applicable, please attach tax exempt form). (If needed, please attach additional sheet).*

Itemized Expenditures	Sources of Funds:			
	New York City RARC'S Share:	Your Share:	Other:	Total Amount:

Signature of Applicant

Date

Print Name